DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

Provider Inspection Summary

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: CLARITY CARE GOODRICH HOUSE (0010628)

Address: 300 LINDEN ST, FOND DU LAC, WI 54935

License Status: REGULAR

Licensed/Certified/Registered 12/01/2002

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0093551 End Date: 08/19/2004 Type: INITIAL Purpose: SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0092793 End Date: 06/02/2004 Type: OTHER Purpose: DESK REVIEW

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10006977 Served 11/05/2004

Deficiencies Cited Subject Area Subject Area Corrected

50.033 LICENSURE OF CERTAIN ADULT FAMILY HOMES

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